2018 Current Fiscal Year Report: National Advisory Board on Medical Rehabilitation Research

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1. Department or Agency 2. Fiscal Year

Department of Health and Human Services 2018

3b. GSA Committee

3. Committee or Subcommittee

National Advisory Board on Medical Rehabilitation

Research

142

4. Is this New During Fiscal 5. Current 6. Expected Renewal 7. Expected Term

Year? Charter Date Date

No 02/19/2019 02/19/2021

8a. Was Terminated During 8b. Specific Termination 8c. Actual Term

FiscalYear? Authority Date

No

9. Agency Recommendation for Next10a. Legislation Req to 10b. Legislation

FiscalYear Terminate? Pending?

Continue Not Applicable Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment 13. Effective 14. Commitee 14c.

Authority Date Type Presidential?

42 U.S.C. 285g-4, section 452 11/16/1990 Continuing No

15. Description of Committee Scientific Technical Program Advisory Board

16a. Total Number of No Reports for this

Reports FiscalYear

17a. Open 2 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 2 Meetings and Dates

 Purpose
 Start
 End

 Program Advisory and/or Policy
 12/04/2017
 - 12/05/2017

 Program Advisory and/or Policy
 05/07/2018
 - 05/08/2018

Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$5,400.00	\$5,400.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$62,399.00	\$63,585.00
18a(4). Personnel Pmts to Non-Member Consultants	\$5,600.00	\$5,600.00
18b(1). Travel and Per Diem to Non-Federal Members	\$24,645.00	\$24,850.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00

 18b(4). Travel and Per Diem to Non-member Consultants
 \$15,497.00
 \$15,642.00

 18c. Other(rents, user charges, graphics, printing, mail, etc.)
 \$1,227.00
 \$1,251.00

 18d. Total
 \$114,768.00\$116,328.00

 19. Federal Staff Support Years (FTE)
 0.50
 0.50

20a. How does the Committee accomplish its purpose?

The National Advisory Board on Medical Rehabilitation Research is composed of 18 appointed members plus 12 ex officio members. This Board interacts with the National Center for Medical Rehabilitation Research (NCMRR) Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) to advise the Center and the Institute as a whole on research opportunities, health needs, and other aspects of medical rehabilitation. The Board is composed of highly qualified scientific and public members who represent many aspects of medical rehabilitation research, health policy, and support for individuals with chronic disabilities. Agendas for these meetings are carefully planned to maximize Board participation and constructive dialogue with NCMRR staff, ex officio members, and other interested parties. The Board has a specific role in providing concept clearance for upcoming NCMRR research initiatives and reviewing the implementation of the NCMRR research plan. The Board assisted the Center in identifying new research opportunities as part of its periodic Report to the Institute Council, which occurs every few years. The Board made specific recommendations in the area of human-machine interfaces; access to unique technologies; interactive technologies evolving to meet the needs of persons with disabilities (e.g., wearable sensors, smart devices, adapting to the person and the environment); cell, tissue, and organ plasticity; regenerative rehabilitation; and bringing interventions into the community. The Board also discussed the potential for enhanced interactions with other NIH Institutes and government agencies.

20b. How does the Committee balance its membership?

The National Advisory Board on Medical Rehabilitation Research is composed of 18 appointed members. Twelve members are representatives of health and scientific disciplines with expertise in areas such as physical therapy; neurobiology; physiatry; cognitive rehabilitation; bioengineering and assistive devices; speech, language and communication; and pediatric critical care and rehabilitation. Six members are advocates with interest in health service delivery, ethics, health policy, and patient support. In addition to the balance of expertise and health perspectives, the board maintains diversity with respect to ethnicity, gender, geography, and inclusion of persons with disabilities.

20c. How frequent and relevant are the Committee Meetings?

The Board met twice during this reporting period on the following dates: December 4-5, 2017 and May 7-8, 2018. Agenda items are developed by NCMRR staff in conjunction

with input from the Board to focus on topics that are particularly timely in the field of medical rehabilitation and relevant to improving the lives of people with disabilities. The agenda is a mix of informational and discussion sessions that often draw on the particular expertise and experiences of the Board members themselves with invited participants as needed. Minutes from each meeting are distributed to Board members and posted on the NCMRR website to invite further input from the rehabilitation community and general public.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Board is composed of recognized research authorities and leading advocates in the health care community. Because of the broad multidisciplinary nature of medical rehabilitation research and the convergence of biomedical, behavioral, psychosocial, and policy issues, recommendations could not be derived from individual sources in the biomedical or health community. Moreover, this information represents the integration of several viewpoints and balance among research and service priorities. The special nature of these deliberations and consensus of opinion could not be derived from individual interactions of other professional groups, nor developed by NIH staff alone.

20e. Why is it necessary to close and/or partially closed committee meetings? N/A

21. Remarks

The DFO and Committee Decision Maker positions are held by the same individual based on assigned duties within the IC. Committee Reports: This committee did not produce any public reports during the fiscal year. Committee Members: Several of the Ex Officio members on the 2017 ACR Report with an end term date of June 30, 2017 will continue to serve until June 30, 2019. The following Ex Officio members will be continuing on the committee until June 30, 2019: Daofen Chen, Patricia Dorn, Lyndon Joseph and Lana Shekim. Members, Jerome Fleg, Anthony Delitto, Sureyya Dikmen, Gerard Francisco, Kathleen Friel, Amy Bastian, and Kevin Means were inadvertently omitted from the 2017 Report. The Charter renewal specifies that there are 12 Ex Officio members on the Board. This report lists 13 ex officio members during FY18 because Dr. Kristi Hill and Dr. Robert Jaeger served as the ex officio member for the National Institute for Disability, Independent Living and Rehabilitation Research (formerly National Institute on Disability and Rehabilitation Research).

Designated Federal Officer

ALISON N. CERNICH DIRECTOR, NCMRR

Committee Members	Start	End	Occupation	Member Designation
ANDERSON, JAMES	07/01/2017	06/30/2019	DIR., DIV. OF PROGRAM COORDINATION, PLANNING, AND STRATEGIC INITIATIVES	Ex Officio Member
BASTIAN, AMY	09/17/2017	7 06/30/2018	PROFESSOR	Special Government Employee (SGE) Member
BIANCHI, DIANA	07/01/2017	06/30/2021	DIRECTOR, NICHD	Ex Officio Member
CAMICIA, MICHELLE	12/20/2016	6 06/30/2018	DIRECTOR OF OPERATIONS	Special Government Employee (SGE) Member
CERNICH, ALISON	04/01/2015	5 06/30/2019	DIRECTOR, NATIONAL CENTER FOR MEDICAL REHABILITATION RESEARCH (NCMRR)	Ex Officio Member
CHEN, DAOFEN	07/01/2015	06/30/2019	NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE, NIH	Ex Officio Member
DELITTO, ANTHONY	07/01/2017	7 12/31/2017	PROFESSOR AND CHAIR	Special Government Employee (SGE) Member
DIKMEN, SUREYYA	07/01/2017	7 12/31/2017	PROFESSOR IN REHABILITATION MEDICINE	Special Government Employee (SGE) Member
DORN, PATRICIA	A 07/01/2015	06/30/2019	DEPARTMENT OF VETERANS AFFAIRS	Ex Officio Member
ELLENSON, RICHARD	02/04/2018	3 06/30/2020	CHIEF EXECUTIVE OFFICER	Special Government Employee (SGE) Member
FLEG, JEROME	07/01/2017	06/30/2019	NATIONAL HEART, LUNG AND BLOOD INSTITUTE, NIH	Ex Officio Member
FRANCISCO, GERARD	07/01/2017	7 12/31/2017	CHAIRMAN AND CLINICAL PROFESSOR	Special Government Employee (SGE) Member
FRIEL, KATHLEEN	05/19/2017	7 06/30/2019	DIRECTOR, CLINICAL LABORATORY FOR EARLY BRAIN INJURY RECOVERY	Special Government Employee (SGE) Member
HICKS, GREGORY	07/01/2017	7 06/30/2018	CHAIR AND ASSOCIATE PROFESSOR	Special Government Employee (SGE) Member
HIDLER, JOSEPH	08/28/2015	5 06/30/2018	B PRESIDENT AND CEO	Special Government Employee (SGE) Member
HILL, KRISTI	07/01/2017	7 12/10/2017	, ACTING DIRECTOR, NATIONAL INSTITUTE ON DISABILITY INDEPENDENT LIVING AND REHABILITATION RESEARCH	Ex Officio Member
JAEGER, ROBERT	12/11/2017	06/30/2019	DIRECTOR, NATIONAL INSTITUTE ON DISABILITY, INDEPENDENT LIVING, AND REHABILITATION RESEARCH	Ex Officio Member
JOSEPH, LYNDON	07/01/2015	06/30/2019	NATIONAL INSTITUTE ON AGING, NIH	Ex Officio Member
KAUFMAN, KENTON	01/08/2017	7 06/30/2019	W. HALL WENDEL, JR. MUSCULOSKELETAL RESEARCH PROFESSOR	Special Government Employee (SGE) Member
LANIG, INDIRA	12/20/2016	6 06/30/2018	S INDEPENDENT CONTRACTOR SOLO PRACTICE	Special Government Employee (SGE) Member
LOVELY, MARY	07/01/2017	06/30/2019	PROGRAM POLICY ADVISOR, REHABILITATION SERVICE ADMINISTRATION	Ex Officio Member
MEANS, KEVIN	01/08/2017	7 06/30/2018	B PROFESSOR AND CHAIRMAN	Special Government Employee (SGE) Member
NUDO, RANDOLPH	01/08/2017	7 06/30/2018	BDIRECTOR	Special Government Employee (SGE) Member

OTTENBACHER, KENNETH	02/04/2018	06/30/2020	PROFESSOR AND DIRECTOR	Special Government Employee (SGE) Member
SHEKIM, LANA	07/01/2015	06/30/2019	NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS, NIH	Ex Officio Member
SHIELDS, RICHARD	01/01/2018	02/01/2018	CHAIR AND DEO	Special Government Employee (SGE) Member
WASHABAUGH, CHARLES	07/01/2017	06/30/2019	DIRECTOR, ORTHOPEDICS PROGRAM, NIAMS, NIH	Ex Officio Member
WOLF, ERIK	07/01/2017	06/30/2019	CLINICAL AND REHABILITATIVE MEDICINE RESEARCH PROGRAM, DOD	Ex Officio Member

Number of Committee Members Listed: 28

Narrative Description

At both the December 2016 and May 2017 meeting, the Board discussed strategies to support clinical trials in medical rehabilitation, as well as broader changes in NIH policy to review and monitor clinical trials. At both meetings, the Board also provided NCMRR with some guidelines for evaluating infrastructure and training programs. The Board continues to provide concept clearance for potential NCMRR research initiatives. The May meeting considered strategies for tracking the impact of the NIH research plan for medical rehabilitation research and the coordination across NIH institutes. At the May meeting, the Board also discussed a continuing effort for NCMRR to collaborate with NINDS on the cerebral palsy research plan and a special program to support clinical trials in stroke recovery.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	✓
Trust in government	
Major policy changes	
Advance in scientific research	✓
Effective grant making	
Improved service delivery	
Increased customer satisfaction	
Implementation of laws or regulatory requirements	✓
Other	

Outcome Comments

NA

What are the cost savings associated with this committee?

None	
Unable to Determine	✓
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	
Cost Savings Other	

Checked if Applies

Cost Savings Comments

NIH- supported basic and clinical research accomplishments often take many years to unfold into new diagnostic tests and new ways to treat and prevent diseases.

What is the approximate <u>Number</u> of recommendations produced by this committee for the life of the committee?

320

Number of Recommendations Comments

At the December 2017 meeting, the Board discussed strategies for supporting the next generation of academic researchers and clinical trials research. The Board provided feedback on the evolving NIH Research Plan on Rehabilitation and appropriate outcome measures. The Board got some background on the NIH All of Us -Precision Medicine Initiative and discussed particular applications to supporting people with disabilities. There was also a discussion on pediatric device development and FDA regulations. Two final discussions centered on cardiac and pulmonary rehabilitation and building physiological capacity for people with physical disabilities and on outcomes measurement. At the May 2018 meeting, the Board discussed the broad concept of "inclusion" in NIH research. The Board got an update on clinical trial policy and the use of single institutional review boards for multisite trials. After a brief discussion of the NIH Pathways to Prevention Initiative, the NIH Cures Act, the Board got an update on support for rehabilitation research infrastructure and the potential renewal of a successful NCMRR program. The Board continued discussion on the NIH rehabilitation research plan and the landscape of support across the NIH. The first day concluded with a discussion of NICHD communication and dissemination strategies. The second day involved a discussion of pragmatic clinical trial support across the NIH and particular relevance to rehabilitation interventions. There was a discussion of the World Health Organization effort to develop a long-range plan to support international rehabilitation efforts. And a final discussion of research on

multimodal approaches to support rehabilitation outcomes.

What is t	he approximate <u>Percentage</u> of these recommendations that have been o
will be <u>Fu</u>	ılly implemented by the agency?
0%	

% of Recommendations Fully Implemented Comments

Due to the complexity of the recommendations made by this committee on policy and program areas, staff is unable to determine which recommendations have been fully or partially implemented solely in response to this committee's activities.

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Partially</u> implemented by the agency?

0%

% of Recommendations Partially Implemented Comments

Due to the complexity of the recommendations made by this committee on policy and program areas, staff is unable to determine which recommendations have been fully or partially implemented solely in response to this committee's activities.

Does the agency provide the committee with feedback regarding actions taken to
implement recommendations or advice offered?

	11111	
Yes 🗸	No 📖	Not Applicable

Agency Feedback Comments

Meeting minutes, written documentation, oral presentations and feedback surveys.

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	✓
Reallocated resources	✓
Issued new regulation	
Proposed legislation	
Approved grants or other payments	
Other	

Action Comments

Due to the complexity of the recommendations made by this committee on policy and

program areas, staff is unable to determine which recommendations have been fully or partially implemented solely in response to this committee's activities.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies
Contact DFO
Online Agency Web Site
Online Committee Web Site
Online GSA FACA Web Site
Publications
Other

Access Comments

N/A